



Office use only: Date \_\_\_\_\_  
Initial \_\_\_\_\_  
Cc: LS/LM

## Employee Change of Information Form

Please forward this form to Human Resources and give a copy to the Principal's Secretary at your school.

Employee Name: \_\_\_\_\_

School/Building: \_\_\_\_\_ Date: \_\_\_\_\_

Soc. Sec. #: (last four digits) \_\_\_\_\_ Signed: \_\_\_\_\_  
(if completed electronically, type your initials)

*Check any changes that apply:*

### **NAME CHANGE**

Former Name: \_\_\_\_\_

Change to: \_\_\_\_\_

### **ADDRESS CHANGE**

Former Address: \_\_\_\_\_

Change to: \_\_\_\_\_

### **PHONE NUMBER(S) CHANGE**

New Home Phone: \_\_\_\_\_

New Cell Phone: \_\_\_\_\_

New Emergency Phone: \_\_\_\_\_